Center for Prevention and Health Services

An Employer's Guide to Employee Assistance Programs

Recommendations for Strategically Defining, Integrating, and Measuring Employee Assistance Programs

DECEMBER 2008

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The Employee Assistance Workgroup (EAP Workgroup) was established in 2007 through a contract from the Center for Mental Health Services, a division of the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The National Business Group on Health created the EAP Workgroup to develop recommendations to improve the coordination and integration of employee assistance programs. The EAP Workgroup was charged with systematically examining best practices and evidence-based approaches to the design and delivery of effective and efficient employee assistance programs.

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Purpose of This Report

Employee assistance programs (EAPs) began in the 1940s by providing employee services that primarily focused on the affect of alcohol use and abuse on job performance. Over time, this emphasis was broadened to include other personal issues that negatively affect job performance.

Tremendous growth in EAP services began in the early 1970s. During that period, EAPs helped employers address a growing list of employee concerns and proactively deal with workplace problems that could lead to violence, physical and mental health issues or declining morale among workers. Today, the vast majority of Fortune 500 companies offer EAPs that deliver a variety of health and productivity services to improve organizational performance, as well as assist individual employees and their dependents.[1]

Due to shifting market forces and the evolving needs of an ever-changing workforce, EAPs are now at a critical juncture. To enhance the value of existing programs and ensure high-quality and relevant services, employers should support efforts to integrate roles and responsibilities between their EAP and broader human resource functions.

This report is designed to help employers realize the strategic value of an employee assistance program and to acknowledge the contributions EAPs make in helping organizations achieve their business goals. The recommendations contained in this report will help employers identify key attributes of a high-performing employee assistance program, and if adopted, will protect their human capital investment by improving the health of all employees and dependents.

Specifically, these recommendations will:

- Enable employers to enhance the quality and business value of existing programs.
- Standardize the definition of EAP and the scope of covered services to ensure consistent program administration.
- Improve employers' abilities to coordinate EAP roles and responsibilities to maximize the quality and efficiency of services.
- Identify key metrics in support of EAP quality, integration and performance.

Introduction

In January 2004, the National Business Group on Health convened the National Committee on Employer-Sponsored Behavioral Health Services (NCESBHS), funded by the U.S. Department of Health and Human Services (DHHS) Center for Mental Health Services (CMHS). This committee was asked to develop a set of strategic recommendations for improving the design, quality, structure and integration of employer-sponsored behavioral health services. The resulting document, *An Employer's Guide to Behavioral Health Services* (2005), includes key findings and recommendations employers can use to put in place behavioral health benefits that are affordable, effective and high-quality.

As highlighted in the *Behavioral Health Services Guide*, employers understand that behavioral health benefits are essential components of healthcare benefits. Over the past few decades, employers have tried to improve the delivery of behavioral healthcare services in a number of ways. Despite important progress, employers' current approaches for maximizing quality and improving access remain underdeveloped. Standardized and integrated programs that address the delivery of behavioral healthcare services are rare. Most often employers do not integrate behavioral healthcare benefits offered through the health plan with behavioral health benefits offered through disability management, employee assistance or health promotion programs. The result: Employer-sponsored behavioral benefits and broader health systems of care become fragmented, uncoordinated, duplicative and uneven in terms of cost and quality.

One of the NCESBHS' key findings was the lack of coordination and integration between employer-sponsored health plans and employee assistance programs (EAPs). The National Business Group on Health and CMHS decided to establish a workgroup to address this concern and develop recommendations to improve coordination and integration. Established in 2007, the Employee Assistance Program Workgroup met three times to review the *Behavioral Health Services Guide's* recommendations and systematically examine other best practices and evidence-based approaches to the design and delivery of effective and efficient employee assistance programs. The overarching goal of the EAP Workgroup was to develop a strategic program definition, solidify a set of core program elements and identify critical metrics for managing and evaluating EAPs.

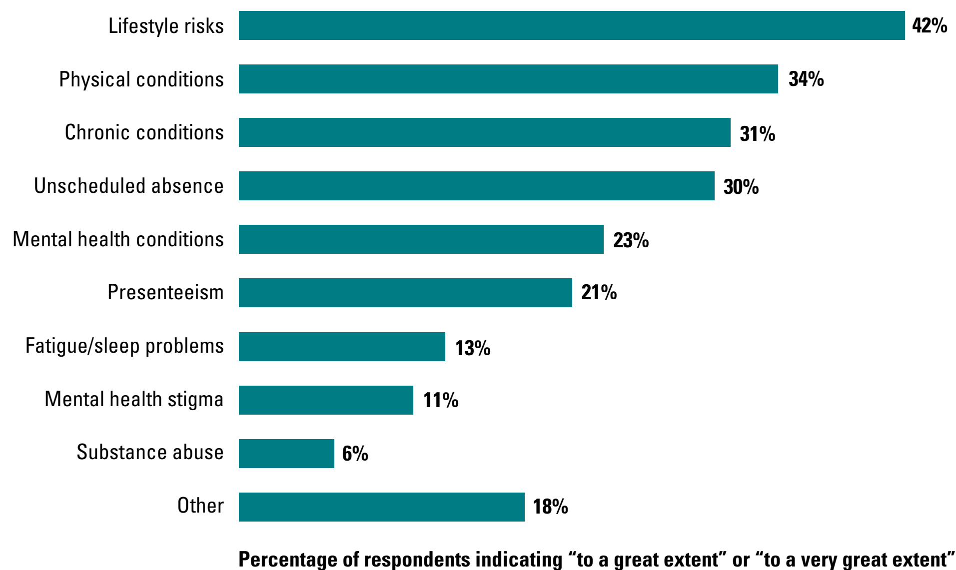
The results of the EAP Workgroup's efforts are summarized in this report. The workgroup's findings, recommendations and proposed metrics provide a framework for standardizing and improving the strategic alignment between employee assistance programs, employers' business objectives and employee needs.

Background

HEALTH AND PRODUCTIVITY CONCERNS

Worsening health status and stagnating productivity are major concerns of large employers nationwide. Some employers are experiencing alarming increases in absence rates due to the growing number of claims for short- and long-term disability and Family Medical Leave (FML).[2] Stress is a major concern for employers and managers, and mental health and substance-use conditions continue to be a leading cause of illness and lost productivity for most employers. According to Watson Wyatt, factors such as mental health conditions, sleep problems, mental health stigma and substance use and abuse affect business performance by reducing productivity and increasing both planned and unplanned absences. Many of these factors are either preventable or modifiable.

FIGURE 1: Preventable Factors Top List of Health Issues Affecting Business Performance

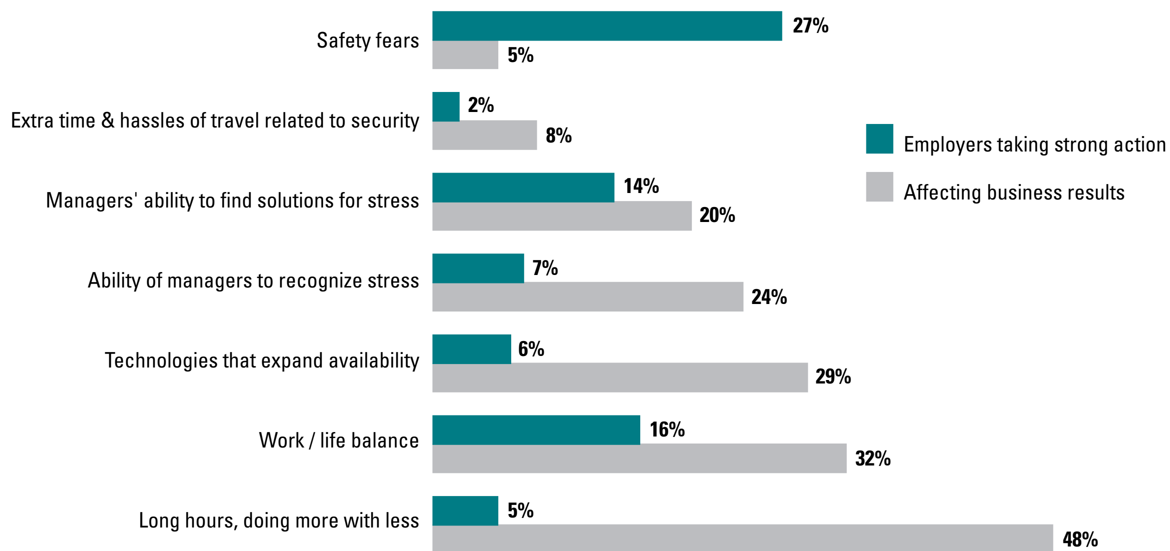


Source: Watson Wyatt (2007). *2007/2008 Staying@Work Report: Building an Effective Health & Productivity Framework*. Washington, DC: Watson Wyatt Worldwide.

While stress is known to affect productivity, few employers have found successful strategies to reduce the negative effects of chronic stressors. Many employees experience damaging levels of stress due to problems they experience in their home or work lives. Today's workforce faces many new causes of stress, including the economy, long commutes, the time and energy required to care for ailing parents or young families and the availability of new technologies that blur the line between work and home.

Furthermore, common behavioral health conditions such as depression can negatively affect productivity. Depression itself can be life-threatening, but it may also increase an individual's risk for developing common medical conditions such as heart disease. Two decades of research show that persons with depression are at a greater risk for developing heart disease than healthy persons. Left untreated, depression may have a negative impact on comorbid (co-occurring) disease outcomes and reduce an individual's ability to comply with treatment.

FIGURE 2: Stress Affects Business Results: More Action is Needed



Source: Watson Wyatt (2007). *2007/2008 Staying@Work Report: Building an Effective Health & Productivity Framework*. Washington, DC: Watson Wyatt Worldwide.

EMPLOYEE ASSISTANCE PROGRAMS: PREVENTING AND ADDRESSING PROBLEMS

Historically, employee assistance programs (EAPs) began in the 1940s with services focused on the role of use and abuse of alcohol on job performance. Over time, this emphasis has broadened to include other personal issues that impact job performance. Tremendous growth in EAP services began in the early 1970s. EAPs started to help employers address a variety of employee problems and proactively deal with workplace issues that can lead to workplace violence, physical and mental health issues or declining morale among workers. Today, the vast majority of Fortune 500 companies offer EAPs that deliver a variety of health and productivity services to improve organizational performance, as well as assist individual employees and their dependents.[1] These programs are staffed by practitioners who provide preventive services and short-term problem-resolution services to individual employees and families. EAP practitioners provide consulting services to managers and supervisors regarding employee performance and serve as behavioral consultants to corporate leaders when unexpected events occur, such as natural disasters, plant accidents, mergers and bankruptcies. They can also help with industry-specific emergencies such as providing support to bank employees who witness robberies while at work.

The EAP Workgroup believes employee assistance programs represent a first-line response to providing prevention, triage and short-term problem-resolution services within an organization. According to a study published by Marsh /Mercer (2007), EAPs aligned with an overall health and productivity strategy can perform a critical role in identifying individual and organizational risk factors that may decrease performance.[1] Another report by Watson Wyatt (2007) suggests organizational responses to health and productivity challenges will increase revenue, market value and shareholder returns.[2]

The Value Proposition for Employee Assistance Programs and Services

One of the first charges to the Employee Assistance Program (EAP) Workgroup was to develop a strategic value proposition for EAPs. This value proposition describes the benefits of EAPs to employers, employees and communities.

THE VALUE PROPOSITION FOR EAP:

> *An EAP that is aligned with organizational values and vision will measurably enhance business operations, the overall employee experience, and the community perceptions of the company. A well-run EAP will provide a positive return on investment.*
>
> —EAP Workgroup (2007)

Generally speaking, Employee Assistance Programs provide value in three ways.

1. EAPs leverage the value of the organization's investment in its workforce by:

- Encouraging employee engagement.
- Improving abilities of employees and dependents to successfully respond to life's challenges.
- Offering employees short-term problem-resolution services or referring employees and dependents to mental health treatment services when indicated.
- Developing employee and manager competencies in managing workplace stress and improving work team performance.

2. EAPs address the costs of doing business by:

- Reducing workplace absenteeism and unplanned absences.
- Decreasing workplace accidents.
- Lowering employee turnover and related replacement costs.
- Facilitating safe, timely and effective return-to-work for employees after short-term and extended absences.
- Reducing healthcare costs.
- Improving the value of organizational investments in wellness and health promotion, self-care management, continuity of care and work-related efforts.
- Increasing efficient use of health care through early identification, care management and recovery efforts.

3. EAPs mitigate business risks by:

- Reducing the likelihood of workplace violence or other safety risks.
- Managing the effect of such disruptive incidents as workplace violence, injury or other crises and facilitating a swift return-to-work after adverse workplace events.

- Supporting disaster and emergency preparedness and minimizing disruption after such events.
- Smoothing the adjustment to mergers, acquisitions, site closures or other workforce change events.
- Reducing the likelihood of legal action or liability (e.g., maintaining business practices that promote a violence-free workplace).
- Promoting and supporting drug- and alcohol-free workplace policies and programs.

Four case studies, provided in Appendix 2, provide further examples how EAPs offer value to organizations by:

- Assisting in emergency response.
- Bolstering employee morale and thereby reducing turnover.
- Improving relationships with customers and managers.
- Addressing inappropriate or dangerous behaviors.
- Training mangers to deal with complex emotional, cultural and diversity issues.

How a company uses an EAP reflects the diversity of its organization, employees, market and other HR resources. Although detailed EAP performance statistics are limited, documented studies suggest employer-sponsored EAPs can reduce company disability, medical, pharmacy and worker's compensation costs.[1]

One study showed that when EAP services were provided, work loss was avoided in 60% of cases, with an average savings of 17 hours per case. Furthermore, 72% of the persons represented by these cases also showed improved work productivity, with an average gain of 43%.[3] An additional study found that when legal/financial, work/life services were included as part of the EAP, work loss was avoided in 39% of cases and work productivity improved in 36% of cases.[4]

Major Findings of the Employee Assistance Program Workgroup

To better understand employer views on employee assistance programs (EAPs)—and the challenges ahead—the EAP Workgroup sponsored an online survey of the National Business Group on Health (NBGH) members. The survey asked employers about their current EAPs and their views on the roles of EAPs in the future.

Methodology

The survey, developed by the Employer Survey Subcommittee in conjunction with NBGH, sought to understand current EAP benefits, how employers evaluate EAPs and the perceived future of EAPs.

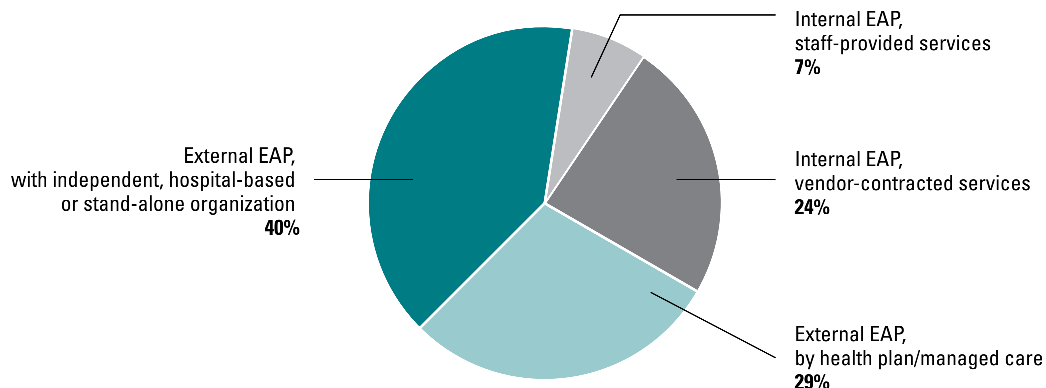
Administered online, the survey invited all 200 corporate members of the National Business Group on Health to participate. Of these, 42 members took part, representing a 21% response rate. It is worth noting the limitations of this methodology. Specifically, persons solicited to participate may not be responsible for the company's EAP. Although the invitations asked key decision-makers to respond, we cannot verify that the person who responded was indeed the person responsible for the EAP. In addition, due to the small sample size, NBGH encourages readers to consider these results insight into how some—but not all—employers view EAPs. Indeed, employers do not approach EAPs in the same manner.

Current Employee Assistance Programs

Survey respondents were asked to answer a series of questions regarding their current EAP, including whether their program runs internally or externally, which department coordinates the EAP, and what types of services are available. The following figures and tables summarize the key findings.

As shown in Figure 3, a majority of employers offer EAPs through external organizations: either independent, hospital-based or stand-alone (40%) or health plan/managed care (29%) organizations. Fewer employers provide internal EAPs using staff (7%) or contracted vendors (24%) to provide actual services.

FIGURE 3: EAP Organization



When asked who is responsible for the EAP, 66% of employers reported designating this management role to their benefits department, almost twice the number (36%) who indicated the EAP fell under the human resources department (Figure 4). Even fewer employers selected medical or occupational health departments as the management source for their EAPs (6% and 2%, respectively).

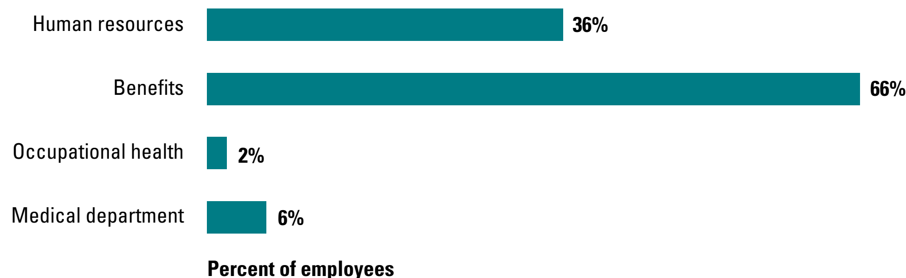
Figure 5 shows the common methods employees can use to access EAP services, including by telephone (95%), in-person (88%), via the Internet (64%) or by another means (2%).

In an effort to understand employers' perceptions of their current EAPs, we asked respondents to indicate which of the following descriptions best fits their EAPs:

- Healthcare benefit.
- Workplace performance program.
- Employee counseling service.

Nearly 90% of surveyed employers described their current EAP as an employee counseling service. "Healthcare benefit" was the second most common description chosen by 43% of the respondents. Only 21% of employers viewed their EAP as a workplace performance program. Several employers selected more than one description. Additional analysis showed that 33% described EAPs as both an employee

FIGURE 4: Department Responsible for EAP



Note: Respondents could provide more than one answer.

FIGURE 5: Contact Method

Note: Respondents could provide more than one answer.

counseling service and healthcare benefit; 17% chose workplace performance program and employee counseling service; and 14% selected healthcare benefit and workplace performance program.

To better understand the provision of EAP services, we asked employers to indicate which core and/or additional services they provide to employees, as well as how they integrate their EAP services with other business functions. Employers most frequently cited the following core services: identify, intake, refer and provide care to employees (85%); provide Web-based education and self-help materials (80%); refer to HR/management (68%); and train employees and provide leadership (66%). Surprisingly, only 34% of employers viewed providing data on EAP's effects on the company as a core service.

TABLE 1: Core EAP Services Provided

Service	Percentage of Employers
Identify, intake, refer and provide care	85%
Provide Web-based education and self-help materials	80%
Refer employees to HR/management	68%
Train employees and provide leadership	66%
Consult with HR/manager on employee performance issues	63%
Monitor/manage case and follow-up services	61%
Promote EAP services to employees and families	41%
Analyze and report data on effects of EAP on organization	34%
Evaluate fitness for duty	22%

Moreover, when we asked employers about additional services offered through their EAPs, they cited the following: critical incident stress management (95%), workplace violence consultation (80%), work/life support (76%) and financial/legal counseling (76%). Few respondents included EAP in planning for work returns or providing onsite wellness (12% each, respectively), indicating that employers are most likely engaging separate vendors for these purposes.

TABLE 2: Additional EAP Services Offered

Service	Percentage of Employers
Manage critical incident stress	95%
Consult on workplace violence	80%
Support work/life	76%
Counsel on financial/legal issues	76%
Promote workplace wellness and health	37%
Offer regulatory compliance services	20%
Plan for work return (disabled or family medical leave)	12%
Provide onsite wellness (e.g., biometric screenings, health fairs)	12%

After learning about the actual services their EAPs provide, we asked whether employers include EAPs in other aspects of their organizations (Figure 6). The majority of respondents reported involving their EAPs in disaster planning (61%). Only 25% of employers reported tapping their EAPs for the strategic development of core business or continuity planning. These findings suggest that employers don't often

include EAPs in key business activities—and many organizations do not realize the full value of employee assistance programs.

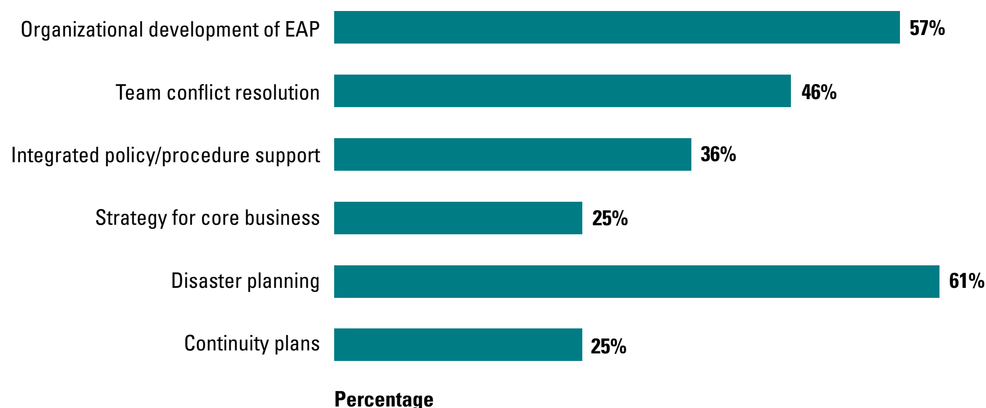
When it came to measuring return-on-investment (ROI), 78% of surveyed employers did so for human resource functions, while only 39% measured ROI for their EAP.

To size up employer views on EAP value and impact, we asked employers to rank these aspects on a scale of 1 to 10 (least to most valued). Table 2 shows the distribution of responses. Overall, the 40 respondents ranked the perceived value and impact of EAPs at 6.6 and 6.3, respectively. No employer ranked the value or impact lower than 3, with the majority putting the value between 5 and 8.

We asked employers about the future role their EAP would play in their organization as well. A majority of respondents viewed their EAP as a supportive component in employee personal health and accountability. Other employers believed that EAPs will serve to integrate both employee work performance and personal well-being. Several employers highlighted the potential of EAPs to have a significant impact on workplace productivity and personal wellness in the future. For example:

- "In continued times of stress, employees know that they can go to this 'one-stop shop' for everything from counseling to legal services."
- "EAPs will focus on work/life issues to help de-stigmatize the traditional EAP perception and increase utilization of all services."
- "EAPs will have greater coordination with the organization, health/disease and disability programs to enhance quality of life and provide more effective health management."
- "EAPs will play a greater role in overall integrated health strategy by maintaining and improving the health of the population."
- "EAPs will play a greater role in stress, family crises and substance abuse as these issues become more prevalent and seeking help becomes more acceptable."

FIGURE 6: Involving the EAP



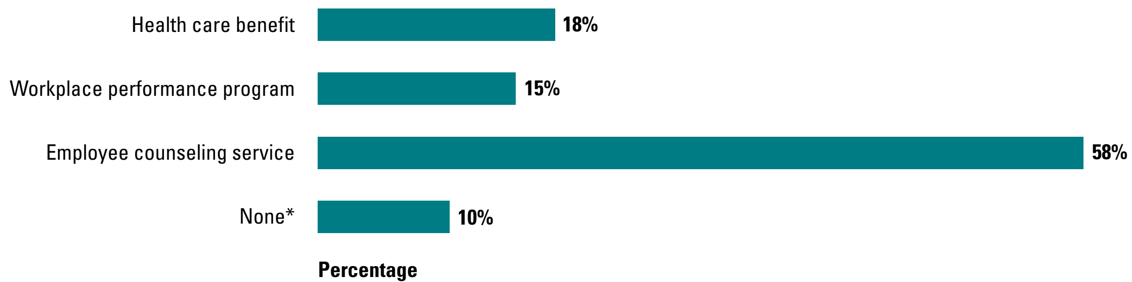
Note: Respondents could provide more than one answer.

The survey also invited employers to describe their future EAPs using the same categories (healthcare benefit, workplace performance program and employee counseling service) used in describing their current programs. However, respondents could pick only one category in this question. As seen in Figure 7, the majority of employers (58%) indicated that "employee counseling service" best described the role of their future EAPs.

Summary of Survey Results

Among employers surveyed, results suggest an understanding of the value of employee assistance programs and unique approaches to integrating EAPs into the organization's overall health and welfare strategy. Despite recognition of the value of EAPs, little agreement exists on precisely what an EAP is—or who should provide sponsored services. Also of note: Employers are not subjecting their EAPs to the same rigorous evaluation or cost-impact assessment as they do other related programs. These gaps and inconsistencies leave room for standardization and quality improvement.

FIGURE 7: Future EAP Roles



**Reported descriptions for none: integrate work/life and emotional well-being using all of the above (3 respondents), ROI needed prior to consider as a healthcare benefit (1 respondent).*

Current Challenges, Future Opportunities: Recommendations for Action

After examining the current models of employee assistance programs (EAPs) and results from the National Business Group on Health's survey, the EAP Workgroup discovered several obstacles to purchasing and/or providing optimal employee assistance services. These challenges present opportunities for improvement in the future—opportunities to improve the structure, coordination and integration of employee assistance programs. To help employers address these challenges, the EAP Workgroup set out to:

1. Standardize the definition of EAP and provide guidance on a recognized set of primary services.
2. Develop a set of standardized measures that can be used to manage effectively and demonstrate the positive impact of EAP services on employee health and productivity.

Below is a description of the challenges, opportunities and specific recommendations the EAP Workgroup identified. Designed to help employers as they review the purpose, structure, coordination and integration of their Employee Assistance Program, the recommendations will help ensure that future EAPs realize their full potential to improve employee health and productivity. The EAP Workgroup does not include a position on the value of an internally staffed, externally contracted or hybrid model. Rather, its recommendations address the *strategic* role of an EAP and offer employers a minimum set of criteria necessary for sponsoring an EAP.

CHALLENGE: DEFINING EMPLOYEE ASSISTANCE

Changes in market forces and professional dynamics have blurred the definition of employee assistance programs.

Opportunity: The EAP Workgroup was concerned by the lack of a standard, industry-wide definition for EAP. The workgroup established the EAP Definition Subcommittee to focus specifically on developing a definition and an outline of program services. The subcommittee identified three concepts necessary to align EAP activities with a human resources organization.

- EAPs provide strategic analysis, guidance and consultation throughout the organization to enhance performance, culture and business success.
- EAP professionals are human behavior/psychological experts who are trained in and apply the principles of human behavior to direct interactions with management and employees.
- The goal(s) of an EAP are established to optimize an organization's human capital potential.

Combining these three concepts, the EAP Definition Subcommittee developed and vetted the following definition:

> *Employee Assistance Programs provide strategic analysis, recommendations, and consultation throughout an organization to enhance its performance, culture, and business success. These enhancements are accomplished by professionally trained behavioral and/or psychological experts who apply the principles of human behavior with management, employees, and their families, as well as workplace situations to optimize the organization's human capital.*

This definition was used on the employer survey described in the previous section. Generally, employers agreed that this definition was an accurate reflection of how their EAP functions. However, some employers noted that the definition was more of a goal for the future, rather than a current reality.

Recommendation: Employers should expect their EAPs, EAP professionals and affiliated organizations to operate with a common purpose. This purpose should be to optimize employee health and productivity and organizational performance by:

1. Helping employees resolve personal issues that negatively affect job performance and/or health and productivity.
2. Helping dependents resolve personal issues that affect health and functionality, especially as these issues negatively affect employed parents or spouses.
3. Discussing with managers and supervisors the effect employee personal issues have on job performance.
4. Consulting with organizational leaders to identify and resolve risk factors that negatively affect a safe work environment.

CHALLENGE: SETTING PROFESSIONAL STANDARDS FOR EMPLOYEE ASSISTANCE PROGRAM PRACTITIONERS

A lack of standardization exists in the type and training of professionals selected to lead and support EAPs. Minimum professional credentials and program standards are not required to provide employee assistance services. The EAP field has experienced mixed success with a practitioner credential and a program accreditation process.

Recommendation: Employers should require their EAPs to adopt clear professional standards. The EAP Workgroup recommends that EAP staff maintain the following qualifications:

- A minimum of a master's degree in human services from an accredited institution.
- An active specialty credential, such as the Certified Employee Assistance Professional.
- An active clinical license that reflects competency in activities such as individual assessment, short-term problem resolution, crisis intervention, threat of violence and related EAP tasks.
- Appropriate credentials and/or sufficient experience for persons who perform organizational assessment and consultation services.

CHALLENGE: SETTING THE SCOPE OF EMPLOYEE ASSISTANCE PROGRAMS

The scope of services employee assistance programs offer is currently being influenced by market pressures rather than a systematic method for identifying and validating key attributes of an effective program. Similarly, a lack of standardization exists in the type and training of professionals selected to lead and support EAPs.

Background: Historically, EAP services focused on the role of alcohol use and abuse on job performance. Over time, this emphasis was broadened to include other personal issues that affect job performance. In the 1980s, Roman & Blum identified a set of guiding principles or "core technologies" for outlining the structural components that represent the contributions EAPs brought to the workplace.[5] Based on these core technologies, the Employee Assistance Professionals Association (EAPA) developed a set of professional principles, ethics and specialized knowledge that defined the characteristics of an EAP. (For additional information, please see Appendix 3.)

Opportunity: Over the past 25 years, market forces have dramatically changed the manner in which many EAPs function, and the scope of services offered through EAPs has continued to expand. Despite

rapid changes, the field has not yet developed a validated set of standards to address the changing needs of the workforce. Furthermore, few definitive resources are available detailing how to implement the existing guiding principles. Therefore, employers and other EAP sponsors have taken the liberty of developing their own models. Confusion surrounding the scope of EAPs is a hindrance in terms of standardization, measurement, evaluation and, most importantly, quality improvement.

The confusion surrounding the scope of services is compounded by the lack of minimum professional credentials and program standards required to provide these services. The EAP field has experienced mixed success with a practitioner credential and a program accreditation process.

Contemporary EAPs are represented by multiple approaches, activities and covered services delivered by persons trained with multiple academic and non-academic backgrounds. These programs frequently support the original core services along with an array of additional services that directly or indirectly affect job performance. An updated set of core services would allow for the value of EAPs to be more readily assessed and for common metrics to be used for quality improvement.

CHALLENGE: DEFINING STRATEGIC OPERATIONAL TASKS

The strategic and operational tasks of employee assistance programs are currently being influenced by market pressures rather than a systematic method.

Recommendation: To maximize value, employers should direct their EAPs to use the following strategic and operational tasks based on EAPA core technologies. Specifically, EAPs should:

1. Provide consultation with, training of, and assistance to the leadership of an organization (managers, supervisors and union stewards) seeking to manage troubled employees, enhance the work environment or improve job performance; and offer outreach/education to employees/dependents about the availability of EAP offerings. These offerings include these stand-alone or collaborative resources:
   - Organizational assessment methods.
   - Management consultation methods.
   - Productivity enhancement methods, including employee engagement tools that focus on resilience and psychological ergonomic tools that address the effects of organizational strains.
2. Provide confidential and timely problem identification/assessment services to employees with personal concerns that may affect job performance, present behavioral risks or promote a healthy and safe workplace. Focus areas include:
   - Crisis response incident debriefing.
   - Psychological fitness for duty.
   - Threat of violence.
   - Substance use and abuse.
3. Use constructive confrontation, motivation and short-term interventions with employee clients to address problems that affect job performance.
4. Facilitate the referral of employee clients for diagnosis, treatment and assistance, in addition to case monitoring management and follow-up services.

5. Provide assistance to organizations to support employee health benefit plan design and administration activities covering medical/behavioral problems, including but not limited to alcoholism, drug abuse and mental/emotional disorders.
6. Provide assistance to organizations in the management and audit of the employer's vendor relationships, including but not limited to managing contracts; building service networks; and working with managed healthcare organizations, insurers and other third-party payers.
7. Identify and assess the effects of employee assistance services on the organization and individual job performance.

CHALLENGE: LIMITING THE DUPLICATION OF SERVICES

Employers may not sufficiently differentiate EAP services from employee health plan benefits and other human resource programs.

Opportunity: Without a clear definition of the boundaries and functional responsibilities of an EAP, services may be duplicated in other employee programs, including the organization's health and welfare plan, work/life benefits, and health promotion benefits. This type of overlap may be cost-ineffective for employers as well as confusing to employees.

Recommendation: Some employers understand EAPs as an employee health plan benefit, while others use EAPs as an employee relations management tool. Employers are encouraged to make this differentiation based upon where—within their organizational structure—EAP services will be most effective. Employers are also encouraged to clearly define their EAP scope of services. EAPs can provide an array of services, and employers need to work closely with EAP practitioners to design programs that align with the organization's business goals. If this type of development is not possible, employers should be selective when choosing third-party EAP services. In addition to periodic individual meetings, annual group vendor meetings can facilitate coordination; reduce overlap or duplicate services; and promote full integration with the activities performed by disability, employee relations, health promotion, health and welfare benefit planning and administration, medical and related occupational-health services, organizational development, risk management/safety and security, work/life, and workers' compensation.

In all circumstances, EAPs should be structured as an independent human resource function in relation to employee health benefit plans and related human resource functions. An EAP should coordinate with relevant human resource functions, and its primary activities should include:

1. Supporting management in addressing unacceptable productivity levels and absenteeism rates that result from employee psychosocial problems.
2. Participating in periodic organizational assessments to evaluate the effects of work organization on employee health status, productivity and job satisfaction.
3. Coordinating and integrating with key activities performed by the following organizational functions:
   - Disability.
   - Employee relations.
   - Health promotion.
   - Health and welfare benefit planning and administration.

- Medical and related occupational-health services.
- Organizational development.
- Risk management.
- Safety.
- Security.
- Work/life.
- Workers' compensation.

CHALLENGE: CREATING VALID METHODS FOR QUANTIFYING THE DIRECT EFFECT OF EMPLOYEE ASSISTANCE PROGRAMS ON ORGANIZATIONAL PERFORMANCE

Employers may not require EAPs to provide proof of valid methods for quantifying the direct effect of employee assistance programs on organizational performance.

Recommendation: Employers should require their EAPs to use advanced technology platforms that enable operational efficiencies and clearly define documented business processes and valid methods for quantifying the direct effect of EAP activities on organizational performance. In addition, employers should require the following from their EAP:

1. Activities and accompanying processes should incorporate the current version of the core technologies as published by the Employee Assistance Professionals Association (described in Appendix 3).
2. Activities should use standardized tools and validated techniques to support designated tasks. These tasks include individual and organizational assessment, short-term problem resolution (recognizing the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (2000) and other conditions that may be a focus of clinical attention, specifically "V" codes), referral, follow-up and facilitating return to work.[6]
3. Evaluation processes should be based on valid, peer-reviewed methods; performance targets should be aligned with the employer's overall performance objectives.
4. Policies that clearly define how employee personal information will be used, stored and protected should be developed and maintained.

CHALLENGE: IDENTIFYING RESEARCH AND EVIDENCE TO SUPPORT SERVICES

The employee assistance field has not developed sufficient peer-reviewed research to assess the validity or practical value of current EAP models.

Background: Disability, employee relations, health promotion, health and welfare benefit planning and administration, medical and related occupational-health services, organizational development, risk management, safety, security, work/life and workers' compensation all use concrete and quantitative measures of program impact. EAPs, on the other hand, are generally supported by qualitative studies, summarizing indirect measures of program impact. The EAP field has published only a few studies that provide quantitative results linking the impact of employee assistance programs to organizational performance.[7-9]

Opportunity: More direct and quantitative measures would enhance the likelihood of employers recognizing EAPs as a strategic resource. Similarly, the EAP field will benefit from an investment in quantitative, peer-reviewed research to validate methods and quantify the direct impact of EAPs. Most importantly, quantitative measures are foundational to the quality improvement initiatives necessary to ensure that future EAPs can successfully address the needs of the changing workforce.

Recommendation: Employers are encouraged to insist on receiving direct measures of program impact from EAPs. Employers who use EAPs should also expect EAP professionals and affiliated organizations to have adopted clear industry standards and documented processes and to have established valid methods and metrics for quantifying the effect of EAP activities on organizational performance.

One idea for addressing the lack of available data is to create an industry research infrastructure and agenda that interested stakeholders can use to support rigorous, large-scale research. The following topics are proposed as potential EAP research topics.

Develop:

- A classification system for EAP professionals that includes observable skills.
- Methods for assessing the impact of EAPs on organizational risk management.
- Job performance/attendance documentation criteria for knowledge workers.

Define:

- Minimum data elements that support specific EAP activities and tasks.

Validate:

- Methodologies for individual and organizational assessment.
- Methodologies for self- and supervisory-referral.
- Constructive confrontation techniques.
- Models for short-term problem resolution.
- Methodologies for critical incident debriefing.
- Methodologies for documenting reductions in job performance and management referral guidelines.
- Return-to-work strategies.
- Case coordination practices between EAP and short-term disability, health plan and work/life programs.
- Formulas linking EAP outcomes to organizational performance.
- Methodologies for organizational culture assessment.
- EAP case record audit methodologies.

CHALLENGE: DEVELOPING STANDARDIZED EVALUATION METRICS

Employee assistance programs do not consistently use quantitative benchmarks.

Opportunity: Although many employers have developed standard operating procedures for their EAPs, the EAP field has not yet developed uniform industry standards and operating procedures. Without such standards, it is impossible for employers to evaluate their EAPs or track improvements over time.

Recommendation: The EAP Metrics Subcommittee identified the following objectives that would be necessary to support standardized measures for EAP services:

- Establish a national, standardized database for analyzing EAP results.
- Demonstrate the financial impact of EAPs on employers' short-term disability (STD), long-term disability (LTD), workers' compensation (WC) and group health plan costs.
- Enable informed benefit design decision-making related to EAP services due to reported EAP results with normative comparisons.
- Communicate the value of EAP services to purchasers.
- Drive continuous quality improvement efforts within EAP design and outcomes.
- Develop analysis and reporting strategies for senior management.

Keeping the focus on only those EAP metrics that clearly demonstrate an effect on workforce health—and thereby clearly explain the value of EAP services to the purchaser—the EAP Metrics Subcommittee recommended an initial set of metrics for inclusion in Employer Measures of Productivity, Absence and Quality™ (EMPAQ®).* Additional metrics, such as a method for determining an EAP's financial return on investment, will be considered at a later date.

1. Utilization

The first issue addressed by the recommended metrics is the extent to which EAP services are utilized by the employer's workforce. This rate of utilization can be measured in the following manner:

Participation rates among problem groups (case rate utilization):

- Work-related problems.
- Substance use and abuse (alcohol and drug).
- Psychological/emotional problems.
- Family/marital/relationship problems.
- Percent of problem group cases referred by supervisor or manager.
- Percent of problem group cases involving consultation with supervisor or manager.
- Participation rates for support services (non-case rate utilization).

* Employer Measures of Productivity, Absence and Quality™ (EMPAQ®) is set of standardized metrics and benchmarking tools developed by the National Business Group on Health to help employers evaluate the effectiveness of their health and productivity management programs. http://www.empaq.org/

2. Impact Assessment

The second issue addressed by the proposed metrics is whether the EAP services utilized resulted in a positive and measurable impact on the employer's workforce, including measures of operational and financial performance. This impact can be demonstrated using the following metrics:

- Improved work productivity rating (job performance).
- Improved retention rating (this metric may not be a priority for some employers but will be mission critical for others).
- Increased workforce capacity associated with work attendance.
- Improved clinical outcomes among all problem categories.

3. Financial Return

The EAP Metrics Subcommittee also recommends that additional calculations be performed with the EAP data residing within EMPAQ® to:

- Calculate the financial effect of EAP problem group cases successfully resolved on healthcare utilization (as compared with cases that were not successfully resolved).
- Calculate the value of EAP services on rates of return-to-work for workers' compensation and short-term disability cases.
- Calculate the financial impact of increased productivity and work attendance for all EAP cases with a baseline and follow-up measure.

Operational definitions for these metrics are provided in Appendix 1.

Summary

This report provides employers with strategic recommendations to identify key attributes of high-performing employee assistance programs (EAPs) and guidance on how to improve the performance of existing programs.

For more than four decades, EAPs have provided value to employers, employees and families. EAPs provide an array of services that include responding to emergencies, managing business risk, preventing and addressing workplace violence, reducing turnover, increasing morale, improving relationships with customers and managers, and training mangers to deal with complex emotional, cultural and diversity issues. What's more, EAPs can enhance organizational performance and help organizations achieve their business goals.

However, rapidly changing market forces and the evolving needs of today's workforce present the EAP field with structural, measurement and service-delivery challenges. Recent studies suggest that employers who take a proactive approach to managing EAPs succeed in sponsoring programs that provide high-quality and relevant services. Results also show that employers should successfully leverage employee assistance programs by coordinating the roles and responsibilities of their EAPs with other health and productivity programs.

Organizations need to clearly define the scope of covered EAP services, strategically align EAP activities within their human resources organization and leverage EAP performance data.

Appendix 1: Operational Definitions for Metrics

1. **Participation (Utilization) Rates: components of measuring and reporting case and supportive services utilization**

   The first set of operational definitions address the extent Employee Assistance Program (EAP) services are used by the employer's workforce.

   a. **Denominator and numerator for calculating participation rates among problem groups (EAP case-rate utilization).**

      A critical aspect of demonstrating EAP participation rates involves the participation rate denominator and numerator. For purposes of EMPAQ®*, the National Business Group on Health recommends the following denominator and numerator:

      i. **Denominator**

         The denominator is the total number of covered employee lives. "Covered employee lives" refers to the total number of employees eligible for EAP services at the beginning of the annual reporting period. The denominator will remain constant throughout the reporting period unless there is significant change in workforce headcount, such as results from an acquisition or layoffs.

         One cannot assume that "covered employee lives" is defined as "employees enrolled in the organization's health benefit plan(s)". Eligibility for EAP benefits may be very different than that for health benefits. For example, part-time employees or dependents who may not be eligible for health benefits may be eligible for the EAP.

         The EAP Metrics Subcommittee discussed the issue of adding dependents into the denominator, and it was decided this group would not be included for the following reasons:

         - Existing EAP databases have validated that the inclusion or exclusion of dependent lives in the denominator does not change EAP participation rates in a statistically significant manner.
         - Securing an accurate count of dependent lives presents difficulties.
         - Variability in EAP coverage across organizations creates inconsistencies in the ability to report participation rates.

      ii. **Numerator**

         A single EAP case is established when EAP staff performs each of the following tasks with a covered individual. These activities may be performed face-to-face, online or via telephone:

         - Collects demographic data.
         - Conducts an initial assessment that results in identifying and documenting a presenting problem.

* Employer Measures of Productivity, Absence and Quality™ (EMPAQ®) is set of standardized metrics and benchmarking tools developed by the National Business Group on Health to help employers evaluate the effectiveness of their health and productivity management programs. http://www.empaq.org/

- Creates a baseline measure detailing the impact of the presenting problem on job performance.
- Creates a plan of action.
- Makes recommendations.
- Identifies a referral type (if relevant).
- Provides a referral and/or short-term problem resolution.
- Provides follow-up contact with appropriate parties.

Problem groups resulting in the creation of a case will be consolidated and placed into standardized groupings for EMPAQ® reporting purposes to include:

- Work-related problems.
- Substance use and abuse (alcohol and drugs).
- Psychological/emotional problems.
- Family/marital/relationship problems.

A problem-group case may include multiple issues associated with a single problem, which may result in multiple referrals. This type of case scenario can be reflected in program statistics to recognize the intensity of EAP activity associated with each problem case and to assist in monitoring the staffing resources of an EAP's internal operations. However, multiple problems and multiple referrals must not be counted as multiple cases for the purpose of determining participation rates.

A presenting problem(s) is defined as the initial reason(s) a client gives to the EAP during the initial contact. In that initial contact, the EAP professional should consider identifying a primary presenting issue and note any additional issues raised, which would then be classified as secondary presenting issues. Upon completion of the assessment, the EAP professional will select an "assessed issue/problem."

While the presenting and/or "assessed issue/problem" may be adopted, the EAP Metrics Subcommittee believes that the "assessed issue/problem" demonstrates a value-added activity on the part of the EAP. In other words, a professional assessment of an issue is performed and appropriate alignment of resources is established, which results in alleviating the impact of the issue on the employee's situation and related level of productivity.

b. Opening and Closing Cases

The EAP Metrics Subcommittee recommends that existing case files should be closed when the following occurs:

- An active case that has not had any activity within the past 90 days, and/or
- An active case treatment plan timeframe has expired (e.g., in substance use and abuse cases being monitored over a long period of time).

Clients with an existing EAP case file who contact the EAP for additional services and have met the above conditions will be considered as a potential new case.

c. **Problem Group Participation Rate Calculation (case-rate utilization)**

For purposes of standardized reporting, the EAP Metrics Subcommittee recommends that problem-group participation rates be calculated in the following manner:

(number of cases opened year to date / number of covered employees) x 100 = participation rate among problem groups

Note: An opportunity exists to stratify the number of cases opened into the four problem-group categories of cases, including:

i. (number of work-related cases opened year to date / number of covered employees) x 100 = participation rate among problem groups with work-related issues

ii. (number of substance use and abuse cases opened year to date / number of covered employees) x 100 = participation rate among problem groups with substance use and abuse issues

iii. (number of psychological or emotional related cases opened year to date / number of covered employees) x 100 = participation rate among problem groups with psychological or emotional issues

iv. (number of family or marital or relationship cases opened year to date / number of covered employees) x 100 = participation rate among problem groups with family, marital or relationship issues

For purposes of EMPAQ®, the EAP Metrics Subcommittee is not recommending stratification of the database to this extent but recommends that future versions include this level of stratification. This technique could be helpful in studying the statistical relationship between these problem categories and workers' compensation, short-term disability, health plan expenditures, etc.

d. **Supportive Services (EAP supportive services utilization) Numerator and Denominator of Calculating Participation Rates**

The second component of utilization is supportive services, which includes information, referrals, work/life related resources and any other service in which the criteria for opening a case is not met. These activities may be performed face-to-face, online or via telephone.

i. **Denominator**

The denominator is the total number of covered employee lives. "Covered employee lives" refers to the total number of employees eligible for EAP services at the beginning of the annual reporting period. The denominator will remain constant throughout the reporting period unless there is a significant change in workforce headcount such as results from an acquisition or layoffs.

One cannot assume that "covered employee lives" is defined as "employees enrolled in the organization's health benefit plan(s)." Eligibility for EAP benefits may be very different than that for health benefits. For example, part-time employees or dependents who may not be eligible for health benefits may be eligible for the EAP.

The subcommittee discussed the issue of adding dependents into the denominator, and it was decided this group would not be included for the following reasons:

- Existing EAP databases have validated that the inclusion or exclusion of dependent lives in the denominator does not change EAP participation rates in a statistically significant manner.
- Securing an accurate count of dependent lives presents difficulties.
- Variability in EAP coverage across organizations creates inconsistencies in the ability to report participation rates.

ii. Numerator

When a request for assistance is made to the EAP and the EAP professional deems that the steps required to establish a case are not appropriate and/or necessary, the reporting of this type of event will be defined as a supportive service.

A supportive service may include multiple resources, reflecting the complexity of support being provided to an individual. The documented need for multiple resources can be reflected in EAP statistics so as to acknowledge the level of EAP activity associated with each request for supportive services.

However, providing multiple resources and referrals in response to a single request for assistance does not constitute multiple interactions and therefore must not be counted as multiple interactions when determining the overall participation rate of supportive services.

e. Supportive Services Participation Rate Calculation (non-case-rate utilization)

For purposes of standardized reporting, the EAP Metrics Subcommittee recommends supportive services participation rates be calculated in the following manner:

(number of incidents of employees requesting supportive services / number of covered employees) x 100 = participation rate of supportive services

f. Supporting Manager and Supervisor Effectiveness

In addition to the above categories of problems, the EAP Metrics Subcommittee recommends that the following cases be tracked within EMPAQ® in order to demonstrate EAP support provided to supervisors and managers:

- Percent of problem-group cases referred by supervisor or manager.
- Percent of problem-group cases involving consultation with supervisor or manager.

i. Reporting Manager and Supervisor Support

For purposes of EMPAQ®, the EAP Metrics Subcommittee recommends that manager and supervisory referrals among problem-group participation be calculated in the following manner:

- (number of problem cases referred to EAP by supervisor or manager / number of problem cases year to date) x 100 = supervisor or manager referral rate among problem groups
- (number of problem cases in which a consultation with a supervisor or manager was involved / number of problem cases year to date) x 100 = supervisory or manager consultation rate among problem groups

2. **Measuring EAP Effectiveness in Impacting Workforce Health and Productivity**

The second set of operational definitions address the extent to which the EAP services have a positive affect on the employer's workforce. These measures will require the greatest amount of development thought prior to implementation within EMPAQ®. The following issues are preliminary suggestions on standardized methods for reporting EAP effectiveness.

The right goal is to improve value, and value can only be measured at the service level.[10]

a. **Improved Work Productivity Rating (job performance impact)**

Demonstrating the effect on productivity/job performance can take two directions:

- Using self-reported pre- and post-performance measures as a result of receiving EAP services.
- Tracking employer-reported job performance and linking the results with designated EAP data.

Using self-reported pre- and post-measures is currently more practical, but the subcommittee recommends that future effort be expended to determine how to align self-reported measures with employer-generated job-performance data.

A critical element of reporting work productivity will include developing or locating a standardized measure and methods for securing this information. In addition, productivity measures should be readily available and applicable across multiple EAP service-delivery formats.

b. **Measuring EAP Effectiveness in Increased Workforce Capacity Due to Improved Work Attendance**

Demonstrating the effect of EAP services on work attendance can take two directions:

- Using self-reported pre- and post-measures of impact on attendance.
- Coordinating and tracking employer reported work attendance and EAP data.

Currently, self-reported pre- and post-measures are more realistic because so many employers do not currently keep attendance data on their workforce. With the exception of short-term disability, Family Medical Leave and workers' compensation, most employers do not track work absences. We believe an opportunity exists for EAPs to strategically align with these services to help employees successfully return to work.

A critical element of reporting improved work attendance will be developing or locating a standardized measure and method of securing this information. In addition, the measurement should be readily available and applicable across multiple EAP service delivery formats.

c. **Improved General Clinical Outcome Among Problem Group Cases**

For the problem-group cases, using an "improved general clinical outcome" measure is encouraged for each case. This indicator could be a general indicator of improvement and not specific to a problem type. There are several self-reported measures available in the industry, but none has been validated for a nationalized database. The EAP Workgroup recommends that these measures be examined and one be validated for inclusion in EMPAQ®.

d. **Improved Retention Rating**

Workforce retention will not be a strategic issue for all employers. The subcommittee recommends that this option be provided as an optional measure within EMPAQ®. This measure will demonstrate the problem-group cases still on payroll as of the end of a reporting year. Employment verification would have to be secured from the employer prior to year-end reporting for all problem cases.

3. **Senior Management Analysis and Reporting Strategies**

Reporting and analysis capabilities will be a critical challenge for employers and their EAPs. The EAP must balance the need for assessing operational performance with management's need to assess business impact. Most of the metrics described in this section reference operational performance measures. The EAP will also need to provide input to business impact metrics for both self- and management-referred employees. These metrics will include an array of measures including:

- The number of employees who, after using EAPs services, are employed at year-end.
- The number of employees who, after using EAP services, are performing at a satisfactory level or better.
- The number of employees who, after using EAP services, separated from the company for one of the following reasons: involuntary termination, voluntary termination, deceased, retired, long-term disability.
- The cost/benefit impact of EAP services in relation to other human resource initiatives and employee benefits.

Appendix 2: Case Studies

The case studies listed below provide specific examples of how an Employee Assistance Program (EAP) provided value to an organization through managing risk, addressing the needs of employees and managers, reducing turnover or improving morale.

CASE STUDY: COMPANY A

- Multinational company with approximately 60,000 employees.
- Approximate annual sales of $50 billon.
- Internal/external EAP model.
- Full-time clinical employees and part-time contractors for smaller sites provided by EAP.
- EAP management team fully integrated into the company's management.

After a severe hurricane with flooding of a local production site and surrounding community, senior management of Company A contacted its global EAP manager. During the crisis, an employee trying to report for work on the plant site was caught in a flash flood and died. Tragically, the plant manger found the deceased employee's body.

There was also serious property loss onsite. Due to safety concerns, the plant manager and his direct reports decided to stop operations and close the site. The decision to keep the plant closed cost the company about $1 million per day in lost sales. After five days, although safety concerns related to the storm had been addressed, the site remained closed, despite employees wanting to return to work.

After initial consultation with senior business leaders at corporate headquarters, the global EAP manager was sent to the site. The global EAP manager met with the plant manager and his direct reports to make an assessment. Problems existed on individual and team levels. The plant manager needed to understand his emotional response to finding the deceased employee. Furthermore, the plant's leadership team was unable to create a firm plan for recall of employees and site startup and also had conflicting priorities about how to support employees while meeting business needs.

The EAP conducted critical-incident debriefing for the leadership team, acted as a process facilitator to work through a decision to restart the site and helped management decide how to best recall and support employees. Additionally, the EAP devised a plan to provide immediate individual psychological support to the employees most severely affected by the hurricane and ongoing critical-incident support for an extended time period.

The global EAP manager acted as an immediate group and individual counselor and leadership team facilitator. Within two days, the plant manager and his team began to recall employees and process the site back to full production. All employees were able to access EAP support as well as other corporate support services. Support continued with a rotating series of internal clinical staff onsite for two-week assignments to provide group debriefing and individual counseling services.

CASE STUDY: COMPANY B

- Multinational company with approximately 126,000 global employees.
- 33,000 U.S. retail, production and research industry employees.
- Annual sales of about $25 billion.

Company B was faced with a nationwide product recall that created a significant amount of negative publicity. As a result, many employees began doubting their long-term employment opportunity with the company, and some began leaving on their own for fear of what the future might hold.

Executive leadership and the EAP collaborated on a creative response to mitigate both consumer and employee reaction to this situation. The EAP was asked to participate in a meeting of corporate executives, legal council and public relations executives within the company.

Many employees experienced anxiety and stress in hearing daily media reports. They also had to deal with concerned, frustrated and angry customers; some employees were even threatened by customers. The EAP provided telephonic coaching and tip sheets to managers and employees for managing angry customers.

The EAP encouraged the leadership team to regularly reach out to employees via multiple channels. The first step included personal visits from mid- and upper-level management in locations of high concern. Constant communication from the company to employees at all locations was also necessary to mitigate negative media attention. However, with more than 1,500 locations, managing the logistics of disseminating information was difficult. The EAP had provided the standard, live-answer services available 24/7 for ongoing work/life and mental health support, but an additional measure was needed.

As a solution, the EAP also provided a toll-free number through the EAP call center where all employees at any time of the day or night could listen to a one- to two-minute recorded update from executive leadership. The recording was a means of balancing out the negative media attention that was bombarding employees. The President and CEO regularly recorded messages that included updates on the progress of the recall, employee encouragement and expressions of support. They also read letters from customers thankful for positive interactions with employees that had made the recall process easier. Messages were changed approximately two to three times a week in the early weeks of the recall and then one to two times per week as the recall became less prominent in the media.

Furthermore, due to the emotionally charged nature of the situation, the phone line offered an option to immediately speak to a licensed counselor. The EAP service providers were equipped with updated information sheets to further assist employees, family members and even concerned customers who had received the phone number from store managers.

The additional toll-free line was active for four months and received some 4,500 telephone calls from across the nation. At the height of the recall, the EAP received between 150 and 200 calls per day. Several retail locations gathered their employees before opening for business, then called and listened to the message so employees could hear a company update before working with customers. As a result, Company B lost fewer employees during the recall than it had originally estimated. Additionally, the company received positive feedback about the regular updates and the opportunity for immediate support from professional counselors. The availability of these services demonstrated to employees and their family members that the company was committed to working through the difficult time and regaining its position in the market.

CASE STUDY: COMPANY C

- Large financial-services industry firm.
- Many locations throughout the United States.

A branch manager contacted the EAP about an employee's inappropriate behavior at an off-site vendor meeting. The employee had been provocative and combative and had been drinking excessively. Additionally, the employee had been on several deployments to both Afghanistan and Iraq in high-level military operations. Though the employee was a high producer for the corporation, the manager thought the behavior might warrant dismissal.

EAPs serve as a strategic consultant to managers and HR on issues that involve the emotional or behavioral health of employees. In this situation, a higher-performing employee engaged in uncharacteristically egregious behavior. The EAP participated in discussions with the Legal Department, HR, Line Management and Employee Relations to assess the situation. The EAP helped weigh the factors of this case to find the best strategy and solution for the employee and the company. The EAP's knowledge of the unique issues confronting veterans returning from Afghanistan and Iraq helped persuade senior management to consider a course of rehabilitation.

Problems identified for this employee included alcohol abuse, moderate depression and some residual post-traumatic stress disorder (PTSD) symptoms. A rigorous treatment regime was created to gauge the employee's commitment to his job and closely monitor the case to ensure all behavioral health issues were thoroughly addressed. The EAP identified a psychologist specializing in veteran's affairs and a family counselor for marital issues. The EAP counselor met weekly with the employee for a three-month period to check on treatment progress.

The EAP counselor served as a consultant to Company C and as a case manager to the employee. This enabled recovery of the employee's health and professional status. The EAP was not a substitute for treatment services but served rather as a broker of psychological and support services, an agent of accountability for the employee and the company's eyes and ears in managing its human capital.

At the end of the treatment period, the employee was sober and engaging with work in increasingly productive ways. Management is delighted with the employee's performance and with the efficacy of the intervention strategy.

CASE STUDY: COMPANY D

Company D acquired a small manufacturing company on the West Coast. While preparing to integrate the company into its operations, management noted considerable discord and turmoil among the employees, as well as anger and suspicion toward management. Company plans were drafted to consolidate the business and shut down the acquired site. Some employees would be offered a transfer to a unit located an hour away. Other employees would be offered a severance package. The population was primarily female immigrants with a minimal command of English.

In light of the language barriers, poor morale, employee discord and suspicion toward new management, the company sought its EAP's assistance in announcing the changes. The EAP activated its critical-incident-stress debriefing experts, who opted to provide services in Cambodian, through translators. The services were well-received by both employees and management, and a much-feared negative employee reaction was averted.

CASE STUDY: COMPANY E

- Multinational company with approximately 780,000 global employees.
- Annual sales of about $42 billion.
- EAP fully integrated into the company's disease management program.

In April of 2006, Company E implemented its first-ever national EAP and work/life benefit. Company E integrated its EAP into the company's existing managed mental health and substance abuse benefit and disease management and health advocacy program. The EAP serves two major groups: employees and their family members, and Company E as an organization. The EAP provides employees and their families with quality behavioral health care and work/life support for a variety of issues and daily stresses that impact health and/or productivity. The EAP offers a variety of services, including counseling sessions, work/life resource material and referrals, legal and financial consultations and referrals, as well as a wide selection of material on its website. Company E enhanced its intranet to include EAP and work/life content. In addition, an EAP toll-free number is available to help employees easily access all services.

The EAP is fully integrated with Company E's disease management program. This unique program focuses on becoming a more informed healthcare consumer while improving overall health and wellness. Through this program, employees are offered personal coaching sessions with a health coach and access to a health risk assessment. The EAP often works in conjunction with personal health coaches to assist employees.

In addition to assisting employees and their families, the EAP also serves as an effective tool and resource for Company E as an organization. A dedicated EAP consultant works directly with the organization and is an important and visible part of the EAP program. The EAP consultant serves as an educational resource for managers to provide support in a variety of onsite situations. The EAP consultant works with managers to arrange onsite health fairs, critical-incident response services and telephonic trainings and seminars. In addition, the EAP consultant provides assistance with supervisory EAP referrals for situations such as employee threats of violence and employee fitness for duty.

Managers have access to an interactive online EAP management tool. This tool educates managers about the function of the EAP program and resources available to directly assist them in their everyday management roles. To provide easy access for managers, Company E posted interactive training for the EAP management tool on the EAP website as well as on the company intranet.

In 2007, more than 40,000 full-time and part-time managers logged on to the website, registered and completed the online EAP management tool training. This number represents 94.7% of all managers and supervisors. In addition, managers have the ability to communicate with EAP consultants via the Internet. The EAP consultant sets up an individual website for a manager to access customized EAP resources recently created by the EAP consultant. This site also allows for confidential exchange of e-mail communications between the manager and the EAP consultant.

Company E's employees, families and management realize the value of these easily accessible, confidential, educational and interactive resources and tools. In 2007, there was a 46% increase in the number of requests made to the EAP consultant.

Appendix 3: Employee Assistance Professionals Association (EAPA) Core Technologies

1. Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union stewards) seeking to manage the troubled employee, enhance the work environment, and improve employee job performance; and outreach/education of employees/ dependents about availability of Employee Assistance (EA) services;
2. Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance;
3. Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance;
4. Referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services; organizations, and insurers;
5. Assistance to work organizations in managing provider contracts, and in forming and auditing relations with service providers, managed care organizations, insurers, and other third party payers;
6. Assistance to work organizations to support employee health benefits covering medical/behavioral problems, including but not limited to: alcoholism, drug abuse, and mental/emotional disorders; and
7. Identification of the effects of EA services on the work organization and individual job performance.

Appendix 4: References and Additional Resources

References

1. Mercer M. *Survey of health, productivity, and absence management programs 2007*. New York: Marsh & McLennan Companies; 2008.
2. Watson Wyatt. *2007/2008 Staying @ work report, building an effective health & productivity framework*. Washington, DC: Watson Wyatt Worldwide; 2007.
3. Attridge M. Personal and work outcomes of employee assistance services. Paper presented at: American Psychological Association Annual Conference, 2001; San Francisco, CA.
4. Attridge M. Employee assistance program outcomes similar for counselor (phone and in-person) and legal/finance consultation clients. Paper presented at: American Psychological Society Annual Conference; June 2002; New Orleans, LA.
5. Roman PM, Blum TC. The core technology of employee assistance programs. *The ALMACAN*. 1985;15(3):8-1.
6. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 4th ed. Washington, DC: American Psychiatric Association; 2000. p. 736-742.
7. Collins KM. Cost/benefit analysis shows EAP's value to employer. *EAP Association Exchange*. 1998;28(12):16-20.
8. Every DK, Leong DM. Exploring EAP cost-effectiveness: Profile of a nuclear power plant internal EAP. *Employee Assistance Quarterly*. 1994;10(1):1-12.
9. Smith DC, Mahoney JJ. *McDonnell Douglas Corporation: Employee assistance program financial offset study, 1985-1988*. Washington, DC: Alexander Consulting Group; 1989.
10. Porter ME, Teisburg EO. Redefining competition in health care. *Harvard Business Review*. June 2004.

Additional Resources

This list of selected resources was created in January 2008 and reflects articles published in peer-reviewed journals between the years 1998 and 2008. Databases used to identify these references include: Psychinfo, Business Source Complete, Econlit, PsychArticles and Sociological Collection. Additional resources were identified through personal conversations and correspondence with the following individuals:

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Amaral TM. Benchmarks and performance measures for employee assistance programs. In: Oher IJ, ed. *The employee assistance handbook*. Hoboken, NJ: John Wiley & Sons Inc; 1999: 161-178.

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 4th ed. Washington, DC: American Psychiatric Association; 2000. p. 736-742.

Attridge M. The business case for the integration of employee assistance, work-life and wellness services: A literature review. *Journal of Workplace Behavioral Health*. 2005;20(1):31-55.

Beidel BE. A case for a common language in Employee Assistance Programs. *Employee Assistance Quarterly*. 2004;19(3):59-73.

Beidel BE. Chapter 15: An Integrated EAP—Defining One's Place in the Organization: A Perspective from the Internal EAP Side of the Fence. *Journal of Workplace Behavioral Health*. 2005;20:281-306.

Bidgood R, Boudewyn A, Fasbinder B. Chapter 12: Wells Fargo's employee assistance consulting model: How to be an invited guest at every table. *Journal of Workplace Behavioral Health*. 2005;20:219-242.

Birkland SP, Birkland AS. Integrating employee assistance services with organization development and health risk management: The State Government of Minnesota. *Journal of Workplace Behavioral Health*. 2005;20(3-4):325-350.

Bruce AB, Attridge M, Herlihy P, et al. The integration of employee assistance, work/life, and wellness services. *Journal of Occupational Rehabilitation*. 2005;16(4):731.

Collins KM. Cost/benefit analysis shows EAP's value to employer. *EAP Association Exchange*. 1998;28(12):16-20.

Cooper CL, Dewe P, O'Driscoll M, et al. *Handbook of occupational health psychology*. Washington, DC: American Psychological Association; 2003.

Courtois P, Dooley R, Kennish R, et al. Employee assistance and work-life: Lessons learned and future opportunities. *Employee Assistance Quarterly*. 2004;19(3):75-97.

Courtois P, Hajek M, Kennish R, et al. Performance measures in the employee assistance program. *Employee Assistance Quarterly*. 2004;19(3):45-58.

Csiernik R. Employee assistance program utilization: Developing a comprehensive scorecard. *Employee Assistance Quarterly*. 2003;18(3):45-60.

Csiernik R. Ideas on best practices for employee assistance program policies. *Employee Assistance Quarterly*. 2003;18(3):15-32.

Csiernik R. A review of EAP evaluation in the 1990s. *Employee Assistance Quarterly*. 2004;19:21-37.

Csiernik R. What we are doing in the employee assistance program: Meeting the challenge of the integrated model of practice. *Journal of Workplace Behavioral Health*. 2005;21:11-22.

Cunningham G. *Effective employee assistance programs: A guide for EAP counselors and managers*. Thousand Oaks,CA: Sage Publications, Inc; 1994.

Daniels A, Teems L, Carroll C. Transforming employee assistance programs by crossing the quality chasm. *International Journal of Mental Health*. 2005;34(1):37-54.

Daniels A, Teems L, Carroll C, et al. Crossing the quality chasm: Opportunities for the employee assistance program field. *Employee Assistance Quarterly*. 2004;19(3):27-43.

Dersch CA, Shumway ST, Harris SM, et al. A new comprehensive measure of EAP satisfaction: A factor analysis. *Employee Assistance Quarterly*. 2002;17(3):55-60.

Dickens RS, Oher JM. The alignment of EAP and business unit goals. *The employee assistance handbook*. Hoboken, NJ: John Wiley & Sons Inc; 1999:421-438.

Dickman F, Emener WG, Hutchison WS, Jr., et al. Ingredients of an effective employee assistance program. *Employee assistance programs: Wellness/enhancement programming*. 3rd ed. Springfield, IL: Charles C. Thomas Publisher; 2003:47-56.

Emener WG, Hutchison WS, Jr., Richard MA. *Employee assistance programs: Wellness/enhancement programming*. 3rd ed. Springfield, IL: Charles C. Thomas Publisher; 2003.

Finch, RA, Phillips K. Center for Prevention and Health Services. *An Employer's Guide to Behavioral Health Services: A Roadmap and Recommendations for Evaluating, Designing, and Implementing Behavioral Health Services*. Washington, DC: National Business Group on Health; 2005.

French MT, Dunlap LJ, Zarkin GA, et al. The costs of an enhanced employee assistance program (EAP) intervention. *Evaluation and Program Planning*. 1998;21(2):227-236.

French MT, Zarkin GA, Bray JW, et al. Cost of employee assistance programs: Comparison of national estimates from 1993 and 1995. *Journal of Behavioral Health Services & Research*. 1999;26(1):95-103.

Gornick ME, Blair BR. Employee assistance, work-life effectiveness, and health and productivity: A conceptual framework for integration. *Journal of Workplace Behavioral Health*. 2005;20:1-29.

Greenwood KL, DeWeese P, Inscoe PS. Demonstrating the value of EAP services: A focus on clinical outcomes. *Journal of Workplace Behavioral Health*. 2005;21(1):1-10.

Haaz EJ, Maynard J, Petrica SC, et al. Employee assistance program accreditation: History and outlook. *Employee Assistance Quarterly*. 2003;19:1-26.

Haines VY, Petit A, Lefrancois S. Explaining client satisfaction with an employee assistance program. *Employee Assistance Quarterly*. 1999;14(4):65-78.

Harlow KC. The effectiveness of a problem resolution and brief counseling EAP intervention. *Journal of Workplace Behavioral Health*. 2007;22(1):1-12.

Harlow KC. Employee attitudes toward an internal employee assistance program. *Journal of Employment Counseling*. 1998;35(3):141-150.

Harris SM, Adams M, Hill L, et al. Beyond customer satisfaction: A randomized EAP outcome study. *Employee Assistance Quarterly*. 2002;17(4):53-61.

Hartley L, Jorgensen DG. The future of credentialing and accreditation in Employee Assistance Programs. *Employee Assistance Quarterly*. 2003;19(1):87-92.

Heck PW, Oher JM. The evolving role of EAPs in managed behavioral healthcare: A case study of DuPont. *The employee assistance handbook*. Hoboken, NJ, US: John Wiley & Sons Inc; 1999:291-304.

Herlihy PA. Employee assistance and work/family programs: Friends or foes? *Employee Assistance Quarterly*. 2000;16(1):33-52.

Herlihy PA. Perspectives on the future of integration. *Journal of Workplace Behavioral Health*. 2005;20:407-417.

Herlihy PA, Attridge M. Research on the integration of employee assistance, work-life and wellness services: Past, present and future. *Journal of Workplace Behavioral Health*. Vol 20; 2005:67-93.

Jeffery V. The key role of EAPs after a crisis. *Risk Management*. 2006;53(5):48-48.

Johnson D, Tomsic M. Documenting the value of an EAP to administrators in higher education: A survey of customer satisfaction by supervisors and managers. *Employee Assistance Research Supplement*. 1999;3(1):2-5.

Joseph EH. Employee assistance programs. 3rd ed. *Journal of Applied Rehabilitation Counseling*. 2004;35(1):43.

Karuntzos GT, Dunlap LJ, Zarkin GA, et al. Designing an employee assistance program (EAP) intervention for women and minorities: Lessons from the Rockford EAP study. *Employee Assistance Quarterly*. 1998;14(1):49-67.

Langlieb AM. The emerging role of workplace preparedness for disaster and terrorism. *International Journal of Emergency Mental Health*. 2006;8(2):81-82.

Lawrence JA, Boxer P, Tarakeshwar N. Determining demand for EAP services. *Employee Assistance Quarterly*. 2002;18(1):1-15.

Lesch NK. Motorola drives strategic initiatives through collaboration and interdependence. *Journal of Workplace Behavioral Health*. 2005;20:203-218.

Longwell-Grice RM, Sandhu DS. Evaluating employee assistance programs. In: *Counseling employees: A multifaceted approach*. Alexandria, VA: American Counseling Association; 2002:351-363.

Macdonald S, Wells S, Lothian S, et al. Absenteeism and other workplace indicators of employee assistance program clients and matched controls. *Employee Assistance Quarterly*. 2000;15(3):41-57.

Maiden RP. Certification, licensure, and accreditation in employee assistance programs. *Employee Assistance Quarterly*. 2003;19(1):1.

Maiden RP. Rapid response to workplace disasters is an EAP essential. *Journal of Workplace Behavioral Health*. 2006;21(3/4):xli-xliv.

Manderscheid RW, Masi D, Watkins G, et al. The Employee Assistance Industry Alliance: Context, history and initial vision. *Employee Assistance Quarterly*. 2004;19:1-10.

Masi DA. Employee assistance programs in the new millennium. *International Journal of Emergency Mental Health*. 2005;7(3):157-168.

Masi DA, Jacobson JM. Outcome measurements of an integrated employee assistance and work-life program. *Research on Social Work Practice*. 2003;13(4):451-467.

Masi DA, Jacobson JM, Cooper AR. Quantifying quality: Findings from clinical reviews. *Employee Assistance Quarterly*. 2000;15(4):1-18.

Merrick EL, Horgan CM, Garnick DW, et al. The EAP/behavioral health carve-out connection. *Employee Assistance Quarterly*. 2003;18(3):1.

Oher JM. *The employee assistance handbook*. Hoboken, NJ: John Wiley & Sons Inc; 1999.

Oher JM. Survey research to measure EAP customer satisfaction: A quality improvement tool. In: *The employee assistance handbook*. Hoboken, NJ: John Wiley & Sons Inc; 1999:117-138.

Osilla KC, Zellmer SP, Larimer ME, et al. A brief intervention for at-risk drinking in an employee assistance program. *Journal Of Studies On Alcohol And Drugs*. 2008;69(1):14-20.

Pacinella S. Developing standards for accreditation. *Employee Assistance Quarterly*. 2003;19(1):27-44.

Paul R. Employee assistance programs: Ensuring their continued value and viability. *Journal of Workplace Behavioral Health*. 2006;22(1):123-123.

Plaggemars D. EAPs and critical incident stress debriefing: A look ahead. *Employee Assistance Quarterly*. 2000;16(1):77-95.

Preece M, Cayley PM, Scheuchl U, et al. The relevance of an employee assistance program to the treatment of workplace depression. *Journal of Workplace Behavioral Health*. 2005;21(1):67-77.

Roberts C. Developing a fitness employee assistance program. *Business and Health*. 2001;19(9):22-24.

Roman PM. A commentary on the integration of EAPs: Some cautionary notes from past and present. *Journal of Workplace Behavioral Health*. 2005;20(3):395-406.

Roman PM, Blum TC. The core technology of employee assistance programs. *The ALMACAN*. 1985;15(3):8-1.

Roman PM, Blum TC. The workplace and alcohol problem prevention. *Alcohol Research & Health*. 2002;26(1):49-57.

Roman PM, Blum TC, Ammerman RT, et al. Prevention in the workplace. *Prevention and societal impact of drug and alcohol abuse*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers; 1999:307-325.

Roman PM, Blum TC, Galanter M, et al. Employee assistance programs and other workplace interventions. *The American Psychiatric Publishing textbook of substance abuse treatment*. 3rd ed. Washington, DC: American Psychiatric Publishing, Inc; 2004:459-473.

Roman PM, Blum TC, Golembiewski RT. Work-family role conflict and employer responsibility: An organizational analysis of workplace responses to a social problem. *Handbook of organizational behavior*. 2nd ed. New York, NY, US: Marcel Dekker; 2001:415-444.

Sciegaj M, Garnick DW, Horgan CM, et al. Employee assistance programs among Fortune 500 firms. *Employee Assistance Quarterly*. 2001;16(3):25-35.

Sharar DA, Hertenstein E. Perspectives on the integration of employee assistance and work-life programs: A survey of key informants in the EAP field. *Journal of Workplace Behavioral Health*. 2004;20(1):95-104.

Shumway ST, Wampler RS, Arredondo R. A need for marriage and family services: A survey of employee assistance program client problems and needs. *Employee Assistance Quarterly*. 2003;19(2):61-71.

Shumway ST, Wampler RS, Dersch C, et al. A place for marriage and family services in employee assistance programs (EAPs): a survey of EAP client problems and needs. *Journal of marital and family therapy*. 2004;30(1):71-79.

Smith GB, Rooney T, Oher JM. EAP intervention with workers' compensation and disability management. *The employee assistance handbook*. Hoboken, NJ: John Wiley & Sons Inc; 1999:337-359.

Stephenson D, Bingaman D, Plaza C, et al. Implementation and evaluation of a formal telephone counseling protocol in an employee assistance program. *Employee Assistance Quarterly*. 2003;19(2):19-33.

Stephenson D, Delowery M. Integration of occupational health services in the federal sector. *Journal of Workplace Behavioral Health*. 2005;20:307-323.

Stephenson D, Schneider DU. Case studies of federal occupational health's EAP responses to natural disasters. *Journal of Workplace Behavioral Health*. 2006;21(3):35-58.

Thomas DU. Employee assistance programs. 3rd ed. *Journal of Rehabilitation*. 2004;70(4):52.

Tourigian R. What is the role of the employee assistance program in case management? *AAOHN Journal*. 2003;51(1):8-9.

Tyler MP, Rogers JR. A federal perspective on EAPs and emergency preparedness. *International Journal of Emergency Mental Health*. 2005;7(3):179-186.

Weiss RM. Effects of program characteristics on EAP utilization. *Employee Assistance Quarterly*. 2003;18(3):61.

Willbanks KD. The role of supervisory referral in employee assistance programs. *Employee Assistance Quarterly*. 1999;15(2):13-28.

Zarkin GA, Bray JW, Karuntzos GT, Demiralp B. The effect of an enhanced employee assistance program (EAP) intervention on EAP utilization. *Journal of Studies on Alcohol*. 2001;62(3):351-358.

Zarkin GA, Bray JW, Qi J. The effect of employee assistance programs use on healthcare utilization. *Health Services Research*. 2000;35(1 Pt 1):77-100.

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Founded in 1974, the National Business Group on Health is the nation's only non-profit organization devoted exclusively to representing large employers' perspective on national health policy issues and providing practical, forward-thinking solutions to its members' most important health care and health benefits challenges. Members of the Business Group drive today's health agenda while exchanging ideas for controlling health care costs, improving patient safety and quality of care, increasing productivity, supporting healthy lifestyles and sharing best practices in evidence-based health benefits design with senior management, HR professionals, and medical directors from leading corporations. Recognized as the leading voice of large employers, the Business Group represents over 300 members, primarily Fortune 500 companies and large public sector employers, who provide health care for more than 55 million U.S. workers, retirees and their families.

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